PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10671553

**

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
	TAL CLAIMS		(Column-1)		(Column 2)			TYPE -		OR,	SMALL	ENTITY
TOTAL CLAIMS			LS					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	7
IND	EPENDENT CL	AIMS	minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	245
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	+	Minus	***		=	IJ	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		,	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
			ADDIT, FEE			AUDII. FEE	_					
		(Column 1) CLAIMS	T	(Colu	EST	(Column 3)	1 1		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	IJ	· X\$ 9≂		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1					
+140=										OR	+280=	
	TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	×] [X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	1 1	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write 0 in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r independ	lent) is the	and, enter 3. e highest numb	er fou	ınd in the app	oropriate bo	x in co	ilumn 1.	